ailing	AIGN CONTRIBUTIONS AND EXPENSES ENE Brockman Office (if O Box 3914, Incline Address (include city and zip code) Address Address	910 ea	erthlink.	Net No.		
	/		IND EXP NO	NPROFIT CORP		
Hect /	Appropriate Box(es)		LOCAL BAG			
		•				
]	Annual Filing - Due January 15, 2010 Period: January 1, 2009 - December 31, 2009 Report #1 Due June 1, 2010* Period: Jan. 1, 2010 May 27, 2010			JUN 9 1/2010-1		
1						
]	Report #2 Due — October 26, 2010* Period: May 28, 2010 — Oct. 21, 2010			SECRETARY OF STATE ELECTIONS DIVISION		
]	Report #3 Due — January 15, 2011*/** Period: Oct. 22, 2010 — Dec. 31, 2010					
]	Annual Filing – Due January 15, 2011 Period: January 1, 2010 – December 31, 20	10				
*	There Beauty are filed by incumbents/candi	dates in the 2	010 election cycl	е		
**	Third Report suffices for 2011 Annual Filing	if candidate al	so filed Report N	los. 1 and 2	Cumulative From Beginning of	
	CONTRIBUTIONS SUMMARY			This Period	Report Period #1 through End of This Reporting Period	
	Total Monetary Contributions Received in Excess of \$10 (See page 1 of instruction sheet)	00		1450.00	2600.0	
	Total Monetary Contributions in the form of loans guard party. (See page 2 of instruction sheet)	anteed by a third				
	Total Monetary Contributions in the form of loans that w (See page 2 of instruction sheet)	vere forgiven				
	(See page 2 of instruction arrows)	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period			
	4. Total Amount of Monetary Contributions Received			1450.00	21000	
	(Add Lines 1 through 3) (See page 2 of instruction sheet) 5. Total Amount of Written Commitments for		1	1730.00	26.=	
	Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet) 6. Total Value of In Kind Contributions Received in					
	Excess of \$100 (See page 2 of instruction sheet)	XPENSES SU	MMARY			
	Total Monetary Expenses Paid in Excess of \$100			12505	175.95	
	(See page 2 of instruction sheet) 8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	625.95	625.95	1023.73	625.95	
1						
C.	empaign Fund total	as z 6	1./2010	is \$ 3	310.97)	
	clare Under Penalty of Perjury That the Foreg					
	Gene Brockman		6/	1/2010		

PAGE / OF 3

Gene	Brockman
Name (print)	

Incline Village GID
Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Tack Hubbard 1911 Fairway Incline VIII, 89451	4/13/10	200.00			
Jim Clark POB 5596 InclineVIII, 89450	5/9/10	250.00			
Greg Flanders POB 8976 Incline V.11,89450	5/9/10	250,00			
9+C Properties POB 8926 Incline VIII, 89450	5/9/10	250,00			
Guny Hestmark POB 7960 Incline Vill, 89450	5/13/10	500.00			
		1450.00	âm		
					2 6
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
				5-71 310/82	
			Alexand Services		
			100		
	and the second				

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EL201.doc Revised: Dec-09

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	NAME AND ADDRESS OF TAXABLE PARTY.	
	Brock man	
/	1 0	
10 31-0	Brook beer	
Jenc	DICK OVER	7

Name (print)

Bicline Village GID
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Verizon 139815. Virginia Reno NV 89511	A	4/8/10	226.95
Sierra Nev. Media Group 925 Tuboe Blud #206 Bucline Village	D	918/10	399.00
			625,95
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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